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**CONTRIBUTED BY**

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***Infant Frenectomy* Pre-operative *Instructions***

 You are considering the frenulum release of your child based on the recommendation of your lactation consultant (LC) as well as our oral examination of your baby. It is imperative that you have already started and that you complete your treatment with your lactation consultant; as your appointment with us depended on this referral, so does the proper healing of the baby’s wound, and ultimately our success in providing you the benefits that you seek and deserve.

 We cannot be confident in our success if we cannot be confident in your follow up requirement with your LC. No dental procedure can provide you with what your lactation consultant can.

 We only schedule frenectomy appointments on newborn infants with a recommendation from a lactation consultant with whom we have a professional relationship of mutual understanding, proven competence, and constant communication. Your LC will fill out a form referring you to Dr. Yazdi.

 If your *follow up care* was insufficient and leading to further treatment there will be additional charges.

An often occurring post-procedure problem is *re-attachment* of the frenum. Re-attachment is of varying degrees and may become a big problem to the functional success you seek. We are eager to help you prevent this issue. Please refer to the “Infant Frenectomy Post-operative Instructions” to tackle this troublesome issue. Your lactation consultant will be of immense value in this matter also.

***WE URGE YOU TO VISIT YOUR LACTATION CONSULTANT WITHIN 3 DAYS OF THE PROCEDURE***

Certified LC Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PLEASE DO NOT FORGET TO BRING IN YOUR WRITTEN REFERRAL FORM***